



# Celebrating Children Preschool

## Auto Withdrawal Form 2011/2012

*Please Print Clearly*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone# (\_\_\_\_) \_\_\_\_\_ Evening Phone #: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Congregation:** Shepherd of the Valley Lutheran Church **City:** Apple Valley **State:** MN **Zip** 55124

**Check One...**

- New authorization   
  Change in authorization amount   
  Change in account   
  Cancel

**Frequency...**

Will be transferred monthly on the 15th .

Child 1	\$ _____
Child 2	\$ _____
Child 3	\$ _____
Child 4	\$ _____
Child 5	\$ _____

**Start Date:**

/ 15 /

If no date is filled in, the first transaction will take place on the next applicable date upon completion of your enrollment. The last payment will be withdrawn in April.

**End Date:**

/ 15 /

Total \$ \_\_\_\_\_

**Payment should be taken from...**

- Checking...(attach a voided check)*  
 *Savings...(attach a savings deposit slip)*

**Routing No.**  
(between these symbols |: |: \_\_\_\_\_)

**Account No.** \_\_\_\_\_

**Authorization...**

I authorize Shepherd of the Valley Lutheran Church and Vanco Services, LLC to automatically withdraw contributions from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Authorization Signature: \_\_\_\_\_

Privacy/Confidentiality: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in "Simply Giving" as well as by the Vanco Services employees who process it. Participant information will not be shared with any other organizations.

**Attach a voided check or savings deposit slip.**

**For Church Office Use Only:**

Congregation/Institution Code: 504747196 Date: \_\_\_\_\_

Participation Number: \_\_\_\_\_